

Museum of the Jimmy Carter Library

MUSEUM DOCENT APPLICATION

Date: _____

Name: _____

Address: _____

E-mail: _____

Phone:(H) _____ **(W)** _____

Education: , _____

Work Experience: _____

Volunteer Experience: _____

Special Skills or Interests: (crafts, music, drama, art) _____

Why do you want to become a docent at the Museum of the Jimmy Carter Library?

Where did you hear about volunteering at the Museum?

☐ Friend
☐ Radio
☐ Newspaper, name _____
☐ Newsletter
☐ Periodical
☐ Flyer
☐ Other _____

Availability:

Hours per week _____

Preferred days _____

Age group preferred: Children _____ Adults _____ Both _____

Person to notify in case of emergency:

Name _____

Address _____

Phone (H) _____ (W) _____

Signature _____